

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		59	2 13 1
FORMALITY REVIEW	TH	953	05-23-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final	
Original	
1	8/10/89
2	2/19/94
3	1/27/94
4	1/27/94
5	1/27/94
6	1/27/94
7	1/27/94
8	1/27/94
9	1/27/94
10	N
11	N
12	N
13	N
14	N
15	N
16	N
17	N
18	N
19	N
20	N
21	N
22	N
23	N
24	N
25	N
26	N
27	N
28	N
29	N
30	N
31	✓
32	N
33	N
34	N
35	N
36	N
37	✓ N
38	— N
39	✓
40	✓
41	✓
42	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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BEST AVAILABLE COPY

H.S.
5-30-01